

CERTIFICATE OF VISUAL EXAMINATION
TOP PORTION MUST BE COMPLETED BY APPLICANT

☐ Private Vehicle Driver
☐ Commercial Vehicle Driver

UTAH DRIVER LICENSE DIVISION

PO BOX 30560
SLC UT 84130-0560
PHONE NUMBER (801) 965-4437
FAX NUMBER (801) 288-5342
www.driverlicense.utah.gov

Last Name First Name Middle or Maiden Name Date of Birth Drivers License Number

I authorize any physician or other health care professional to release information pertaining to my health to the Driver License Division.

Date

Signature of Applicant(Required)

EXAMINATION REPORT

Visual Acuity	Without Correction	With Correction	Visual Field 90° (Private Operator)	Visual Field 120° (Commercial) COLOR BLIND <input type="checkbox"/> YES <input type="checkbox"/> NO
RIGHT EYE	20/	20/	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LEFT EYE	20/	20/	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BOTH EYES	20/	20/	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Circle Profile Level: 1 2 3 4 5 6 7 8 9 10 Shaded areas require Medical Advisory Board review

Restrictions: ☐ Speed ☐ Area ☐ Daylight Only ☐ Accompanied by Licensed Driver

☐ YES ☐ NO **LENSES REQUIRED WHILE DRIVING?**

☐ YES ☐ NO If visual fields are less than 90°, are they at least 60°?

☐ I recommend that this driver complete a driving skills test in an appropriate vehicle

☐ YES ☐ NO Does the patient have diabetes mellitus, cardiac disease, hypertension, or any other systemic disease that may affect driving?

Indicate the etiology of the visual impairment: _____

How stable is the visual condition? _____

Recommended interval for examination: ☐ Standard for Profile Level ☐ Other: Specify Interval _____

Date of Examination Printed Name of Health Care Professional Signature and Degree State License Number

Street Address City State Zip Code Telephone Fax Number

DLD Screening

Date of Examination Signature Employee Number Field Station